SUPPLEMENTAL MATERIAL

Supplemental Methods:

Treatment allocation in our sample is not random and propensity scores were constructed for each subject by regressing observed treatment on possible confounders using a logistic regression model. The probability that a subject would be assigned to the treatment group was included as a covariate in a Cox proportional hazards model focusing on treatment effect on the composite end point of death or OHT. This covariate adjustment approach for propensity score analysis compares subjects with similar likelihoods of treatment when treatment itself is not random.

Supplemental Results:

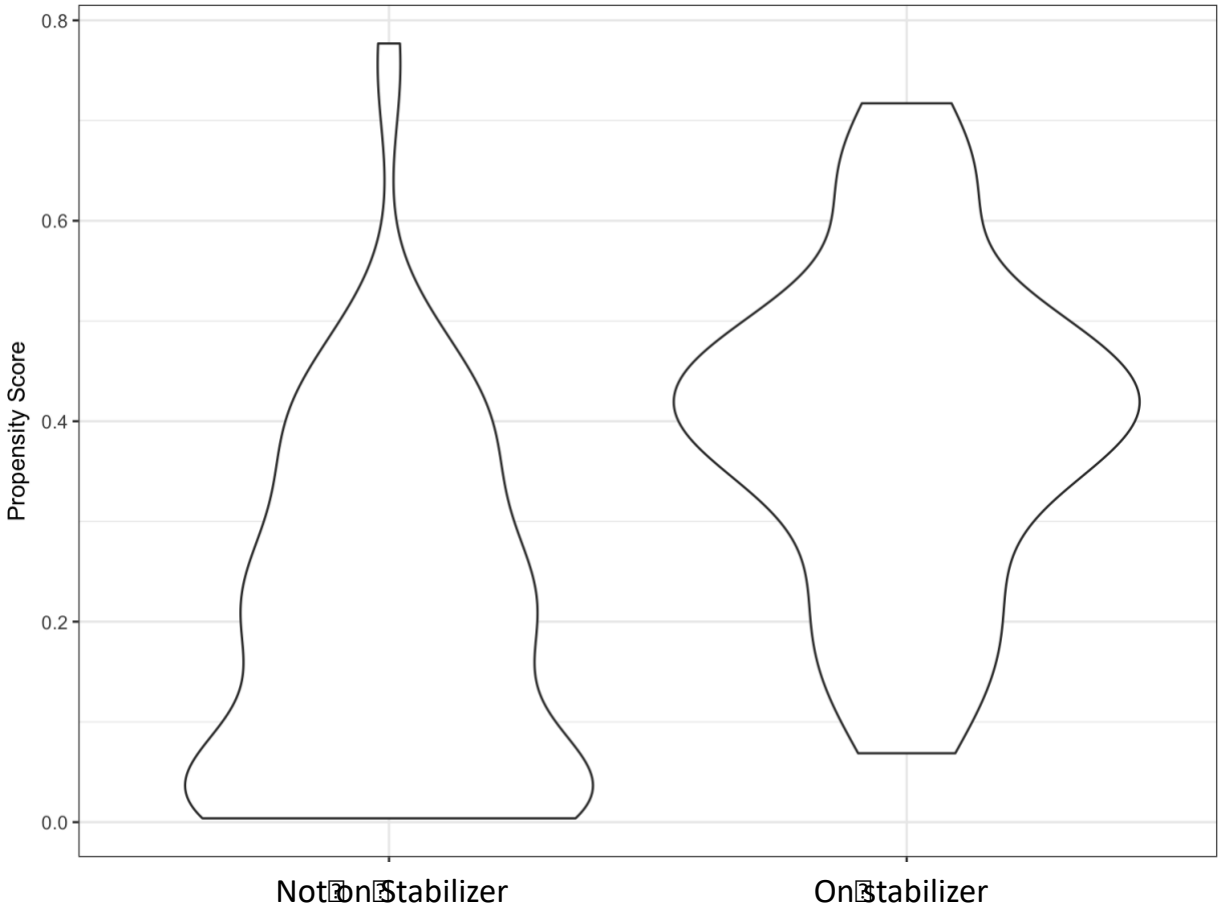
In Cox proportional hazards modeling, we construct propensity scores using Black race, NYHA class, presence of mutation, Log_{10}BNP, and LVEF by 1% increase; race and NYHA class are significant predictors of treatment. Supplemental Figure 1 compares computed propensity scores between observed treatment groups. In a multivariable model for death or OHT adjusting for likelihood of treatment, stabilizer alone remains significant (HR 0.355, 95% CI 0.19-0.66, p=0.0012).

Supplemental Table 1: Cox Proportional Hazards Univariate and Multivariable Predictors of Death Among Patients with TTR Cardiac Amyloidosis

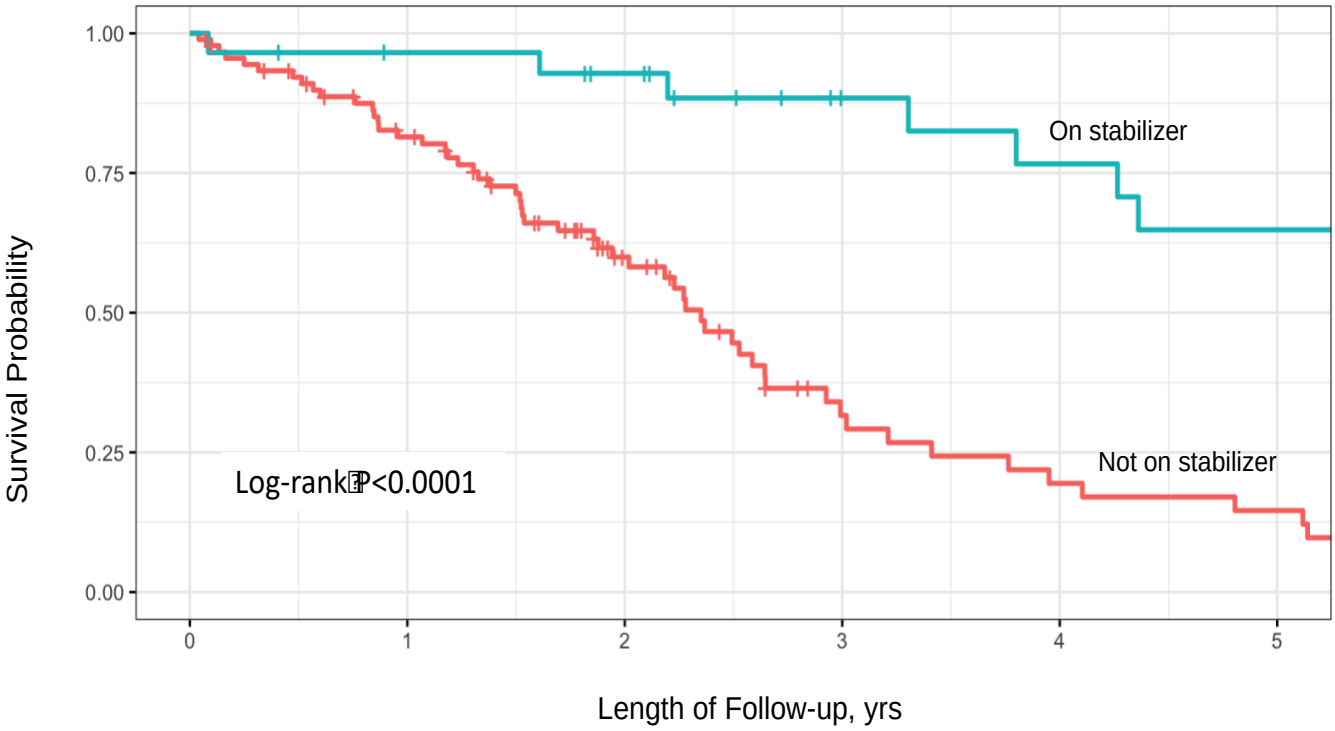
Predictor	N	Hazard Ratio	95% CI	P-value
Univariate				
Age, per 1 year increase	120	1.03	1.00-1.06	0.086
Modified BMI, per 1 unit increase	116	0.99	0.98-1.01	0.338
Male sex	120	1.50	0.54-4.16	0.404
Black race	120	1.37	0.81-2.32	0.255
Presence of any mutation	120	1.29	0.78-2.16	0.331
NYHA class, I-IV, per 1 class increase	120	1.42	1.01-2.00	0.043
Stabilizer	**120**	**0.29**	**0.16-0.55**	**<0.0001**
Log_{10} Troponin I	115	1.13	0.90-1.43	0.297
Log_{10} BNP	118	1.30	1.01-1.69	0.047
eGFR<60 mL/min	119	1.03	0.63-1.71	0.897
LVEF, per 1% increase	116	0.99	0.98-1.01	0.309
LA size, per 1 cm increase	108	0.98	0.65-1.47	0.908
IVS, per 1 mm increase	115	0.99	0.94-1.06	0.844
Pseudoinfarct pattern, yes vs. no	111	0.77	0.28-2.13	0.596
Low voltage, yes vs. no	114	0.76	0.43-1.34	0.332
CO, per 1 L/min decrease	77	0.90	0.68-1.19	0.456
CI, per 1 L/min/m^2 decrease	77	0.87	0.48-1.58	0.640
PVR, per 1 woods unit increase	55	1.01	0.85-1.21	0.876
Full multivariable model with all univariate predictors with p<0.05				
Stabilizer	118	0.30	0.15-0.60	<0.0001
NYHA class	118	1.06	0.73-1.54	0.743
Log_{10}BNP	118	1.13	0.85-1.51	0.400

Abbreviations: BMI, body mass index; NYHA, New York Heart Association; BNP, brain natriuretic peptide; eGFR, estimated glomerular filtration rate; LVEF, left ventricular ejection fraction; LA left atrial; IVS, interventricular septal thickness; CO, cardiac output; CI, cardiac index; PVR, pulmonary vascular resistance

Supplemental Figure 1: Computed propensity scores between observed treatment groups.

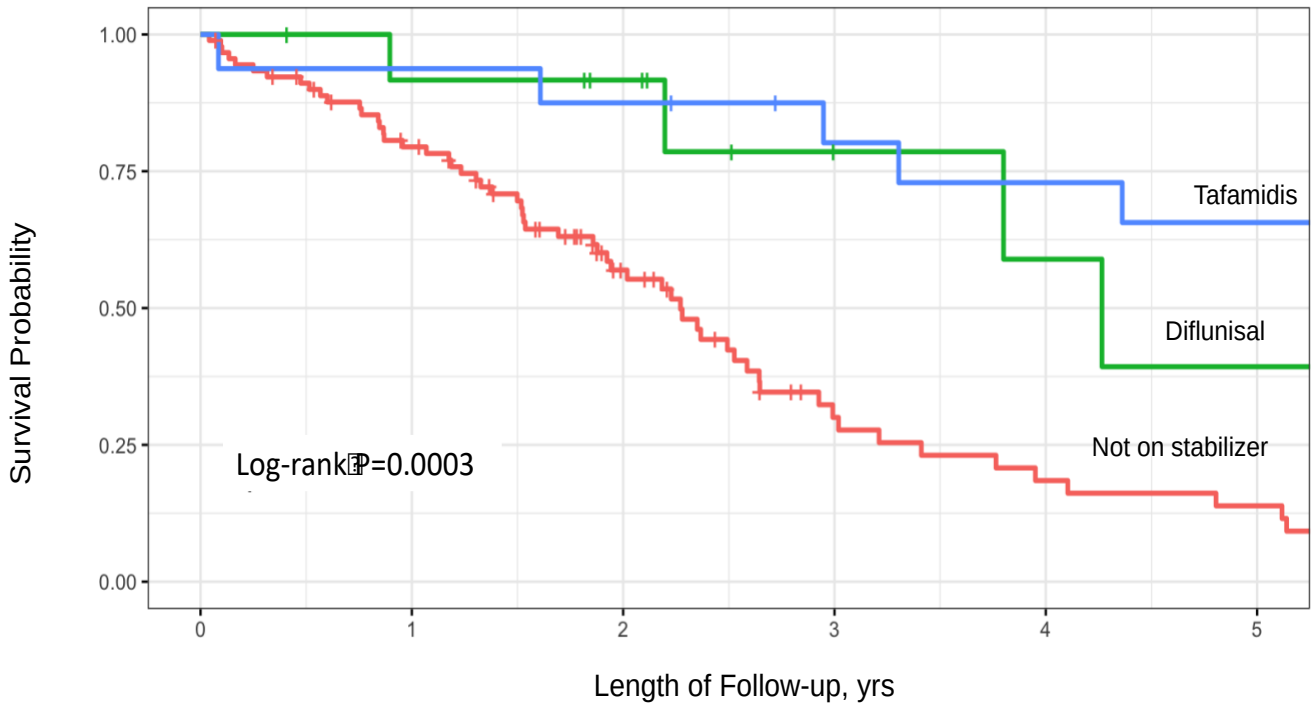


Supplemental Figure 2: Kaplan-Meier Analysis Among 120 Patients with TTR-CA Over the 1.9 Year Median Follow-up for the Outcome of Death, Stratified by use of Stabilizer



Not on stabilizer	91	67	34	13	8	6
On Stabilizer	29	26	23	15	13	11

Supplemental Figure 3: Kaplan-Meier Analysis Among 120 Patients with TTR-CA over the 1.9 (IQR 1.2-3.0) Year Median Follow-up for the Outcome of Death or OHT, Stratified by Type of Stabilizer



Not on stabilizer	91	67	34	13	8	6
Diflunisal	13	11	9	4	3	2
Tafamidis	16	15	14	11	10	9